

GENERAL FACT SHEET

BILL NUMBER 12R-

BRIEF TITLE	APPROVAL DEADLINE	REASON
Health Department Laboratory Test Services, Bid No. 12-062		Multiple Year Contract

DETAILS

POSITIONS/RECOMMENDATIONS

Resolution to provide Laboratory Test Services, Bid No. 12-062 from Nebraska LabLinc, effective April 1, 2012 for a three (3) year period. This supply will be used by the Health Department for the acquisition of Laboratory Test Services as needed. The estimated cost for one (1) year is \$45,000.00/year for an estimated total of \$135,000.00 for three (3) years.	Sponsor	Purchasing
	Program Departments, or Groups Affected	Health Department
	Applicants/ Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

<p>Resolution to provide Laboratory Test Services, Bid No. 12-062 from Nebraska LabLinc, effective April 1, 2012 for a three (3) year period. This supply will be used by the Health Department for the acquisition of Laboratory Test Services as needed. The estimated cost for one (1) year is \$45,000.00/year for an estimated total of \$135,000.00 for three (3) years.</p>	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/>
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/Resolution \$
		RELATED annual operating Costs \$
		INCREASE REVENUE EXPECTED/YEAR \$
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %
BENEFIT COST <input type="checkbox"/> Front Foot Assessment Average <input type="checkbox"/> Square Foot \$ _____ \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bob Walla

REVIEW BY:

REFERENCE NUMBER